

National
Science
Challenges

HEALTHIER
LIVES

He Oranga Hauora

Pathways between research, policy and practice

for equitable evidence-informed health and wellbeing
in Aotearoa's new health system

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A note on the use of Kāi Tahu dialect in this report

The Healthier Lives–He Oranga Hauora National Science Challenge is located at the University of Otago, Dunedin campus, in Ōtepoti. For the purposes of this report we have chosen to honour the reo and mita of Kāi Tahu to acknowledge their status as manawhenua and in recognition of the unwavering support they provide to our Challenge when we host events such as that described in this report. Therefore you will note that direct quotes in te reo Māori appear as spoken at the time while analysis and discussion employs Kāi Tahu dialect.



Introduction

In November 2021, the Healthier Lives–He Oranga Hauora National Science Challenge held a webinar and online workshop entitled *Pathways between research, policy and practice for equitable evidence-informed health and wellbeing in Aotearoa's new health system*.

The impetus for these events arose from a growing sense of frustration amongst health researchers about the lack of transparent systems for the implementation of research evidence. However, the current reforms to the health system of Aotearoa New Zealand, as well as the review of the research system that is underway, provide cause for optimism. Both sets of reforms provide opportunities to systematically embed effective pathways for the translation of research evidence into policy and practice.

A half-day public webinar included presentations by international and national health researchers, community health providers, the Associate Minister of Health, the Ministry of Health and the Health Research Council of New Zealand (HRC).

These presentations explored ways to strengthen the pathways between evidence, policy and practice in Aotearoa New Zealand with the ultimate aim of achieving equitable, evidence-informed, health and well-being. There was a focus on how the lessons from the country's health response to Covid-19 can inform its response to non-communicable diseases, which are the leading cause of death and disability in Aotearoa New Zealand.

An important objective of this event was to develop ideas on how the pathways between research, policy and practice could be embedded into the new health system. Following the webinar, a 90-minute facilitated workshop was held with senior representatives from community health providers, the Ministry of Health and the HRC, and leading New Zealand health researchers. In five separate discussion groups, attendees were asked to consider and provide feedback on the following questions:

- which key elements are required in the future New Zealand health system to create effective pathways between research, policy and practice?
- what culture changes are needed to drive new ways of operating?

Summary of workshop findings

There was widespread consensus at the *Pathways between research, policy and practice* workshop that Aotearoa New Zealand needs more transparent and system-embedded processes in order to develop evidence-based health policy and healthcare delivery.

It was felt that these should involve Ministers, policy analysts, communities, health providers and researchers in cyclical processes of considering community needs, establishing health priorities, identifying evidence gaps, commissioning research, translating evidence into policy and practice, and evaluating progress. To be effective, these structures must have the ability to make both proactive and reactive recommendations that are considered by policymakers and resourced appropriately.

Six key elements were identified by workshop attendees as crucial for establishing effective, equitable and enduring pathways between research, policy and practice. These elements address the need for improved data infrastructure, with reliable and accessible sources of information being key to this process. Clear mechanisms for prioritising evidence, evaluating economic benefit and funding implementation are required. Communication between all the groups with expertise to contribute to this process, including those with lived experience, needs to be established and maintained through inclusive networks.

In addition, underpinning these elements five guiding principles were identified, which place a central focus on: *whiwhika ōrite* (equity); *whakawhanaukataka* (the process of establishing relationships) *manaakitaka* (respect, generosity and care for others); *taunakitaka* (evidence); and *pūataata* (transparency).

The overarching and guiding principle is honouring and enacting Treaty of Waitangi commitments, which is an essential requirement for an equitable health system in Aotearoa New Zealand.

Workshop participants felt that implementing these elements, guided by the principles, will help build the necessary processes and foster the collaboration required to ensure that the best research is utilised to its fullest potential for the health of Aotearoa New Zealand.

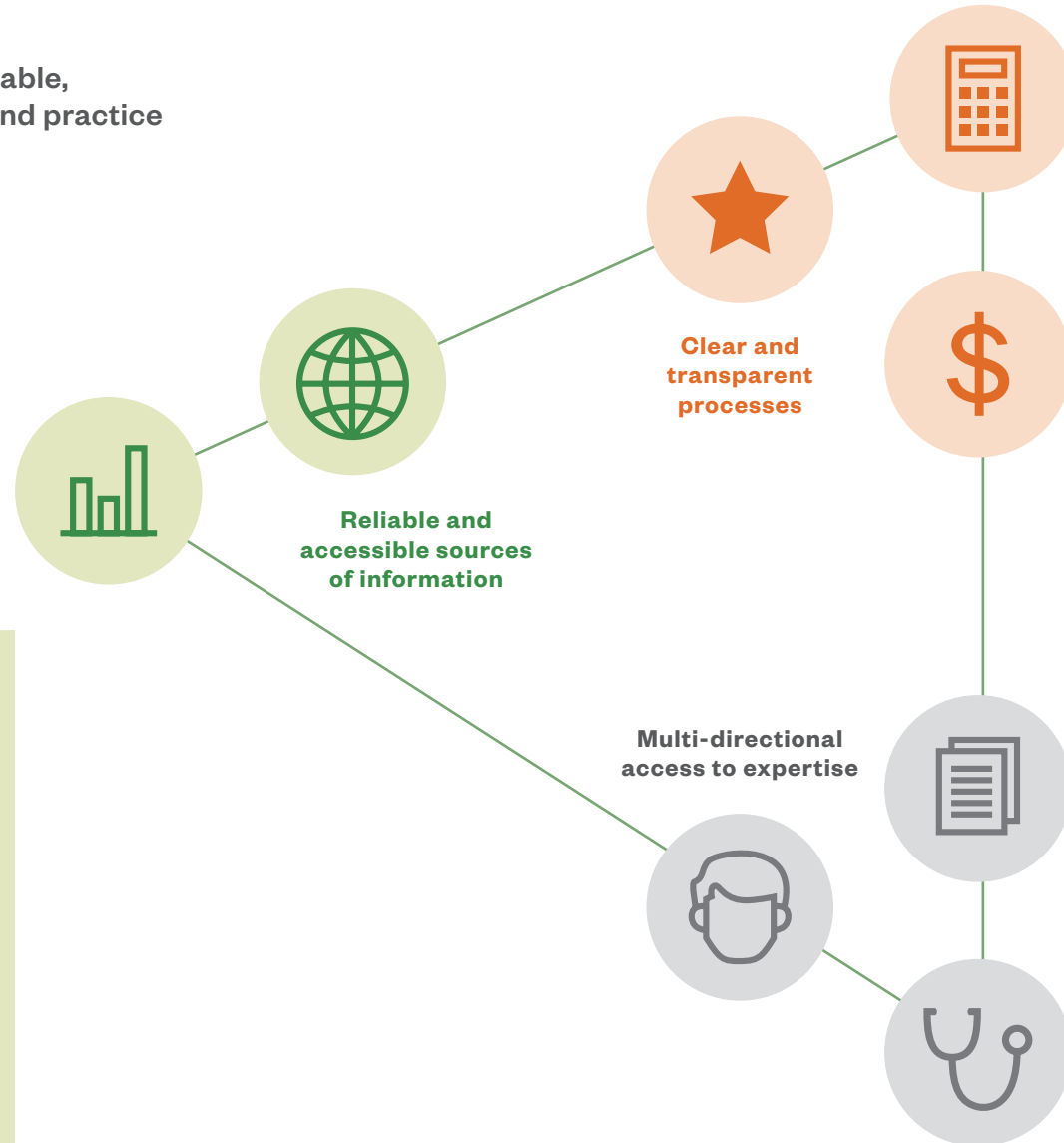
Elements required for equitable, evidence-informed policy and practice

1

Using big and linked data to identify health priorities and monitor health outcomes.

2

Continuous review of local and international research findings.



3

A method to assess priorities for implementation of research evidence.

4

Obtaining cost-benefit analysis of research prioritised for implementation.

5

Funding for implementation of research findings in identified priority areas.

6

Access to expertise

- Research expertise
- Specialist health professional expertise
- Lived experience expertise

Five guiding principles

Whiwhika օrite

equity

Whakawhanaukataka

the process of establishing relationships

Manaakitaka

respect, generosity and care for others

Taunakitaka

evidence

Pūataata

transparency

Why do existing pathways between research, policy and practice need to be strengthened?

Aotearoa New Zealand makes a substantial investment in health research,¹ some of which has potential for translation into health policies and practice. However, at present we lack processes to ensure that promising research evidence is systematically considered for implementation in a timely way. This relates as much to research generated internationally as to that undertaken in Aotearoa New Zealand.

Advisory groups and entities that once supported ongoing policy development have been largely disbanded and replaced by *ad hoc* groups.² *Ad hoc* advisory mechanisms have been successful in informing the Government's response to the management of the Covid-19 pandemic. However, they may not prove suitable for addressing non-communicable diseases, the major causes of death and disability in Aotearoa New Zealand, given the long-term and intractable nature of these conditions. The expertise and mana of those involved in the Covid-19 advisory groups, combined with the political will to solve the problem, were important elements in their success, which need to be replicated in any future advisory processes.

The current reforms to the health system,³ as well as a review of the research system,⁴ provide opportunities to embed health research as an essential and valued component of Aotearoa New Zealand's health system. These reforms must ensure that effective pathways are established for the evaluation and translation of local and international research into policy and practice. It is already evident that new processes are emerging, and so it is timely to consider the elements that will enable them to be successful.

Pathways between research policy and practice brought together leaders in their fields, to start a conversation about how the New Zealand Government could deliver better and more equitable health outcomes by improving their systematic use of research evidence and health data, and by providing structural support for research translation. The ideas presented in this report reflect the kōrero of health researchers, policymakers and community health providers who attended the 90-minute workshop, and their desire to see an improved system for translating research findings into policy and implementing evidence into health delivery.

It is hoped that the elements and principles identified through this initial process can be taken forward and progressed through more extensive consultation, to make these systems and relationships an integral part of the new health system. It is clear that Aotearoa New Zealand could make greater returns on its investment in health research if it had better systems for translating local and international research evidence into more effective public health policies, and improved delivery of more equitable health services for our unique population.

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¹ New Zealanders for Health Research estimate that Aotearoa New Zealand invests around \$140 million in health research annually, which equates to 0.04% of GDP and 0.76% of healthcare costs (New Zealanders for Health Research, *2020 Kantar Health Research Survey*, accessed 21 December 2021 <<https://nz4healthresearch.org.nz/>>). The level of investment may be higher than this when all new MBIE funding is included.

² Advisory groups and entities which have been disbanded include the New Zealand Guidelines Group, the Public Health Commission, the National Health Committee and the Social Policy Evaluation and Research Unit.

³ Ministry of Health 2022, *The Future of Health | Te Anamata o te Oranga*, accessed 23 May 2022, <<https://www.futureofhealth.govt.nz/>>.

⁴ Ministry of Business, Innovation and Employment 2012, *Te Ara Paerangi – Future Pathways*, accessed 23 May 2022, <<https://www.mbie.govt.nz/have-your-say/future-pathways/>>.

Moving towards evidence-based policy and practice

Treaty of Waitangi

The significance of the Treaty of Waitangi to the quality of healthcare and health outcomes for Māori has been widely recognised and it is acknowledged that the New Zealand Government has so far failed in its obligation to ensure equitable health outcomes for Māori.

The causes of disparities in health outcomes between Māori and non-Māori can be traced back to colonisation; they are complex and multi-generational. In adopting a universal approach to healthcare, the publicly funded health system has failed to adequately address Māori health needs. Unacknowledged systemic exclusion, discrimination and racism within the healthcare system have further contributed to unacceptably high levels of inequity.

The reforms introduced through the Pae Ora (Healthy Futures) Bill provide a stimulus to enact Treaty partnership at multiple levels across the healthcare system. Evidence will be needed for new policy and service delivery approaches that can better meet Māori health needs and reduce the life expectancy gap between Māori and non-Māori. Such approaches are also likely to benefit other sections of the population.

Workshop participants recognised Treaty partnership as both an obligation and an opportunity to improve healthcare in Aotearoa New Zealand. Honouring and enacting Treaty partnership therefore informs all the suggestions in this report.

Principles to guide equitable, evidence-based policy and practice

Much of the discussion during the workshop focused on the underlying principles or tikaka that would ensure success for an equitable, evidence-informed health system. While many of these principles are widely accepted in rhetoric, they must be reiterated as they require commitment and action if we are to transformatively change the system.

“We need an mRNA vaccine against inequities and institutionalised racism in the health system, made with Mana and Mātauranga, Rangatiratanga, Ngārongoā and Aroha.”

Dr Matire Harwood*

“We measure what we value; equity should be measured.”

* Dr Harwood's quote is taken from her presentation at the *Pathways between research, policy and practice* webinar. Other unattributed quotes throughout this section are from workshop participants.

Te Whiwhika Ōrite | Equity

Me noho ko te tutukitaka o te whiwhika ōrite mō te taha hauora hei ūnga mātāmua mō te pūnaha hauora.

Achieving equitable health outcomes must be a central goal of the health system.

Māori, Pacific Peoples, people with disabilities, those living in rural areas, and people living in poverty all experience significantly worse health outcomes than the general population.

To achieve the fundamental shift in health policy and practice that is required to address persistent inequities, achieving equitable health outcomes must become a central goal of all decision-making in the health system. For researchers and research funders, this means going beyond claims of addressing equity to rigorously assessing the equity impact of proposed solutions. For the health system, it means investing in equitable access to healthcare, being prepared to do things differently, measuring progress towards equity, and being prepared to disinvest in services that are not equity enhancing. Standardised equity metrics, capable of measuring the equity of health processes and outcomes, need to be developed to inform decision-making at local, regional and national levels.

Te Whakawhanaukataka | The process of establishing relationships

E tū ai tētahi pūnaha tōtahi, pāhekoheko hoki, me tahuri te kāwanataka ki te whakarite i kā hakaroto me kā tautoko e puāwai ai te whakawhanaukataka.

To create a cohesive and collaborative system, government needs to provide infrastructure and support for whakawhanaukataka, (the process of establishing relationships) and continued connection.

To create meaningful and equitable outcomes, whānau and communities must be at the centre of policy and service delivery decisions.

Planned opportunities are needed to develop meaningful relationships and shared values and goals between researchers, communities, health practitioners and policymakers. We need to rebalance the opportunities from a system that offers easier access to well-connected individuals, to an inclusive grass-roots system with community and service-users leading in decision-making for health research and service implementation.

An interconnected system – one that allows for both formal and informal networks to come together, exchange ideas, and better understand each other's perspectives – is more likely to address systemic causes of inequity and value lived-experience.

“Don't turn up when you already have the budget worked out and try to fit the community to your shape.”

“Whakawhanaungatanga takes time but the consequence of not investing that time is inefficiency later on.”

“Be proud you planted a seed that helped the country to grow.”

“Humility is important. Each one of us has part of the kete to bring to the table and we need to acknowledge that.”

“We need to knock down silos so we can breathe the same air and share the same spaces.”

Te Manaakitaka | Respect, generosity and care for others

Mā te whakarite ahurea i poua ki ruka i kā āhuataka o te manaaki ka tupu kā pāhekoheko whakatutuki i kā pīkauraka hauora taumaha kei mua i a tātou i tēnei whenua, i ēnei rā.

Creating a culture based on manaaki (respect, generosity and care for others) will foster the collaboration needed to address the big health challenges we are facing as a country.

It is often said that cultures prevail over structures. To create the health system of the future we need to design and build a culture that puts competitiveness aside and encourages us to share our expertise, learn from one another and also learn from our mistakes. We need inclusive and selfless leaders focused on long-term legacies, and safe environments that support everyone to be effective in their roles.

Aotearoa New Zealand has both a proud Indigenous culture and enormous cultural diversity. Te Ao Māori has a central place in the life of the nation and we are enriched by the world views of Pacific Peoples, as well as those of other immigrant populations. Manaakitaka is advanced when we value, seek to understand, and learn from the knowledge systems of cultures other than our own.

Te Taunakitaka | Evidence

Me āta kauwhau mārire kia wāriu kā taunakitaka, e whakapono ai te takata ki ōna hua.

The value of evidence needs to be clearly stated and widely understood.

Evidence should be explicitly considered at every level of decision-making within the health system. This includes evidence from mātauranga Māori, Pacific knowledge systems, and lived experience, which can be utilised alongside Western understandings of health.

While the Covid-19 response has shown the value of evidence in successfully combatting a pandemic, there is plenty of scope to increase evidence-based decision-making within the Aotearoa New Zealand health system. The health system reforms provide an opportunity to embed a culture in which evidence is valued and routinely used to drive continuous improvements. This may require a mindset shift to broaden understanding about what constitutes appropriate evidence within different contexts.

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⁵ Jonker L, Fisher SJ, Dagnan D. Patients admitted to more research-active hospitals have more confidence in staff and are better informed about their condition and medication: Results from a retrospective cross-sectional study. *J Eval Clin Pract.* 2020 Feb;26(1):203-208. doi: 10.1111/jep.13118.

⁶ Ozdemir BA, Karthikesalingam A, Sinha S, Poloniecki JD, Hinchliffe RJ, et al. Research Activity and the Association with Mortality. *PLOS ONE* 2015;10(2): e0118253. doi: 10.1371/journal.pone.0118253.

⁷ Downing A, Morris EJ, Corrigan N, et al. High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. *Gut* 2017;66:89-96. doi: 10.1136/gutjnl-2015-311308.

⁸ Jonker L, Fisher SJ. The correlation between National Health Service trusts' clinical trial activity and both mortality rates and care quality commission ratings: a retrospective cross-sectional study. *Public Health*, 2018;157:1-6. doi: 10.1016/j.puhe.2017.12.022.

⁹ Ogilvie D, Adams J, Bauman A, et al. Using natural experimental studies to guide public health action: turning the evidence-based medicine paradigm on its head. *J Epidemiol Community Health.* 2020;74:203-208. doi: 10.1136/jech-2019-213085.

Te pūataata | Transparency

Kia pūataata kā huarahi ka whāia kia maha kē atu te huka āwhina i kā rongoā, kia kaha ake te whakapono a te takata ki kā taunakitaka, hei kahupapa mō kā whakatau whā kai pūtea, hora ratoka a te kāwanataka.

Transparent processes enable more people to contribute to developing effective solutions and promote greater trust in the evidence that informs government funding and service delivery decisions.

Transparency ensures that communities, researchers and scientists can have increased confidence in government processes for the use of evidence in decision-making. Transparent processes allow for the sharing of ideas and information freely and openly, make evidence easier to discover and access, and ensure collective understanding of how the outcome of decisions will be evaluated.

Elements required for evidence-based policy and practice

Six elements were identified by workshop participants as critical success factors for an equitable, evidence-informed health system.



1. Using big and linked data to identify health priorities and monitor health outcomes

Aotearoa New Zealand has an opportunity to develop world-class data systems and infrastructure for health research, science and innovation. Critical data resources will enable us to obtain a much clearer picture about the health needs of our population, identify any gaps in clinical pathways, and inform change to achieve equity of health outcomes.

At present, although we have some of the most comprehensive health data in the world, including many of the necessary big data inputs, we cannot obtain an accurate picture of national, regional or local health priorities because the infrastructure required to make optimal use of big and linked data does not currently exist. For example:

- Primary healthcare data cannot be linked to other linked data resources such as Stats NZ's Integrated Data Infrastructure.
- Comprehensive data repositories developed through publicly funded research are not widely accessible to researchers, policy analysts or decision-makers, although the technology to support this is now emerging.¹⁰
- Aotearoa New Zealand does not currently have a safe environment for sharing data: one that is based on a clear social licence and ethical practices, protects Māori data sovereignty and safeguards confidentiality and the interests of data donors, including research participants.
- There is no national research centre capable of providing the level of support that data scientists, health researchers and policy analysts need in order to learn from each other about using and interpreting data.

The concurrent developments of the Pae Ora (Healthy Futures) Bill, Te Ara Paerangi (Future Pathways) green paper consultation, the Data and Statistics Bill and a new health data ecosystem for individual health records,¹¹ combine to present a singular opportunity for Aotearoa New Zealand to develop its big and linked data infrastructure to support health research, science and innovation towards the ultimate goal of being able to transform data into high value, timely information.



2. Continuous review of local and international research findings

An efficient and effective health system requires a mechanism for the continuous review of research evidence. This enables policymakers to identify approaches that have been appropriately assessed and have the potential to reduce both the burden of disease and the inequities of health outcomes. At present we lack such a mechanism.

One example of this type of continuous review is found in the United Kingdom: the National Institute for Health and Care Excellence (NICE) is part of a network of What Works Centres that collate, synthesize, assess, commission, disseminate and support the use of evidence to improve the delivery of public services.

Aotearoa New Zealand would benefit from investing in a stable advisory mechanism for the ongoing collation and review of research evidence, especially in relation to the prevention, management, diagnosis, and monitoring of non-communicable diseases such as cancer, coronary heart disease and diabetes, which account for a very high proportion of the overall burden of disease. Such a mechanism should operate within a Treaty partnership framework and enable the voice of health consumers to be heard.

¹⁰ Interactive web tools, such as the ESR vaccination modelling tool, are becoming increasingly standardised and accessible. The Lancet, *ESR COVID-19 Vaccination Modelling*, accessed 23 May 2022, <https://esr-cri.shinyapps.io/SARSCOV2_Vaccine/>.

¹¹ Funding for Hira, a national platform for individual health records, was introduced in the 2021 budget. Ministry of Health 2021, *Hira (National health information platform)*, accessed 23 May 2022 <<https://www.health.govt.nz/our-work/digital-health/other-digital-health-initiatives/hira-national-health-information-platform>>.

This would ensure that relevant evidence from different research disciplines is considered in the development of policy and practice, increasing the likelihood of achieving effective, enduring and equitable solutions.

Establishing a framework for robust and transparent collation and review of evidence would not only make more effective use of precious resources within the healthcare system but would also create greater social license and understanding in situations such as the COVID-19 outbreak when officials may be required at short notice to convene *ad hoc* groups to provide rapid solutions.



3. A method to assess priorities for implementation of research evidence

It is clearly not possible for all new research relating to the prevention and management of non-communicable diseases to be implemented, even if cost-benefit has been established by modelling or intervention trials. In the recent past, such decisions have been undertaken at different levels ranging from central government to district health boards (DHBs) and providers of primary care (PHOs, and Māori and Pacific health service providers). This has led to considerable regional variation in the provision of care. For example, excellent podiatry services, which have been clearly demonstrated to reduce the risk of amputations in people with diabetes, are provided by some DHBs but not by others.¹²

An important intention of the restructured Aotearoa New Zealand health service is to eliminate disparities in the provision of care and so achieve equity of health outcomes amongst all New Zealanders. The major components of the new system – Health New Zealand, the Māori Health Authority, the Public Health Agency and the Ministry of Health – will have key roles in determining national provision of services, including the implementation of new services and policies based on research evidence.

There is a prevailing view that political expediency often takes precedence over the scientific evidence base in determining what interventions will be implemented. There is no transparent process by which decisions are made so, from the outside, it is presumed that they are either made by officials working within the relevant provider, be it the Ministry of Health, DHB or local community-based health provider, or as a result of political directives. There may well be wide-ranging consultation but the lack of transparency results in the frustration of consumers, health practitioners and researchers.

Given the inevitable resource constraints, it is essential to establish a transparent process for assessing the merits, including clinical, ethical and economic aspects, of new research findings in relation to established approaches. It should give due weight to the insights of health consumers, Māori and Pacific community representatives, healthcare providers, health practitioners and researchers.

¹² PwC NZ, Diabetes New Zealand, Edgar Diabetes and Obesity Research Centre, Healthier Lives National Science Challenge. The Economic and Social Cost of Type 2 Diabetes. February 2021; p.92.

¹³ PHARMAC 2020, *2 Health Economic Analysis at PHARMAC*, accessed 23 May 2022 <<https://pharmac.govt.nz/medicine-funding-and-supply/the-funding-process/policies-manuals-and-processes/economic-analysis/prescription-for-pharmacoeconomic-analysis-methods-for-cost-utility-analysis/2-health-economic-analysis-at-pharmac/>>.



4. Obtaining cost-benefit analysis of research prioritised for implementation

Economic evaluation can inform whether the introduction of health service improvement initiatives and interventions represent a cost-effective use of limited health system resources. Being able to demonstrate the cost-effectiveness of implementing new evidence is an important component of health research translation. However, simplistic approaches to measuring cost-effectiveness may overlook the human and economic costs of failing to address health inequities or improve service delivery. Assessing cost-effectiveness therefore needs to focus on value in the broadest sense.

Aotearoa New Zealand has a health economist skills shortage. To ensure that research provides the most robust and valid evidence for policy-making contexts, health researchers need transparency about the data required and standardisation of the process for economic evaluation. Whilst the PHARMAC model provides some clarity for pharmacoeconomic contexts,¹³ the process for quantifying the benefits and costs of implementing evidence-based service improvement initiatives, appraising options around geographic spread of strategies, or scaling up delivery, is currently opaque.

¹⁴ Implementation science is “the scientific study of methods and strategies that facilitate the uptake of evidence-based practice and research into regular use by practitioners and policymakers”. University of Washington 2022, *What is Implementation Science?*, accessed 26 January 2022, <<https://impsciuw.org/implementation-science/learn/implementation-science-overview/>>.

A clear and transparent economic evaluation process will ensure that researchers are able to provide timely, relevant, and high-quality evidence to inform economic modelling discussions and resource allocation decisions.



5. Funding for implementation of research findings in identified priority areas

Planners and funders in the Aotearoa New Zealand health system are constrained by finite budgets and rising costs from multiple, competing health needs. Too often, introducing a new intervention or technology is only possible if an existing service is cut.

Instead of being nurtured, innovation can be suffocated if it is dependent on funding from a budget that is already fully allocated for other purposes. Health budgets are necessarily limited but the need to innovate continuously – to improve our health system and ensure that all New Zealanders are receiving a satisfactory and equitable standard of care – should not come as a surprise. It needs to be planned and budgeted for. This applies across areas ranging from public health to medications, clinical treatment, dietary advice and diagnostic technologies.

Implementation of research evidence may occur at different levels:

- piloting interventions at a regional, local or individual service level to obtain more information about their cost-benefits and acceptability; or
- rolling out new, evidence-informed initiatives of proven value across the health system.

Funding at the first level may come from various sources. Healthier Lives has commissioned several implementation science¹⁴ projects. Implementation research is also within scope of the HRC’s contestable Health Delivery Research funding stream, when the research question directly connects to health delivery at a policy, practice or systems level. Funding also needs to be made available within the health system to embed a culture of ongoing evaluation within service delivery, ensuring that interventions are regularly adapted and improved to meet the needs of our population.

Funding for implementation at the second level is clearly the responsibility of the health system. While the Ministry of Health has funded trials to monitor and evaluate the feasibility of new health interventions based on strong pre-existing evidence, at present there is no systematic process or enabling funding mechanism for implementing promising research evidence.

Too many pilot initiatives that communities, health professionals and researchers have put effort into developing fall by the wayside, sometimes even before there has been sufficient time to evaluate their effectiveness. A dedicated, ongoing funding stream is needed for the sustainable implementation of new evidence-informed health interventions which have been assessed as a priority.

6. Access to expertise

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Many different forms of expertise are needed to develop evidence-informed policy and practice. Health policymakers and service planners have their own particular expertise but also need access to other forms of expertise, including that of scientists, health professionals, health consumers and their advocates. Clear pathways should be established within the new health system to enable regular reciprocal interactions between all these important areas of expertise.

Research expertise



For researchers to make a meaningful contribution to health policy and practice, they need to have both formal and informal links with policymakers. At present, many senior researchers do not know who should receive the evidence they produce or even what standard of evidence is required.

Building partnerships between researchers and policymakers is intrinsically difficult because their two worlds are quite different. Researchers have more freedom to hypothesise and develop new knowledge whereas policymakers must often balance competing interests and reach compromises. Opportunities to exchange ideas and better understand each other's perspectives are needed as a precursor to developing relationships of trust.

Researchers feel as if they are operating without access to the policy world at present. They would like to participate in networks that bring researchers, policymakers and others together, where everyone can feel comfortable and respected, and which can facilitate the translation of evidence.

Specialist health professional expertise



Development of health-related policy for non-communicable diseases requires input from specialist health professionals who have knowledge of the health system and are able to evaluate research. It is the impression from outside that the Ministry of Health is increasingly employing specialist health professionals in a part-time or casual capacity and relying on input from *ad hoc* expert advisory groups.

Specialist expertise should either be available within the Ministry or accessible via an ongoing advisory group, such as is now being established for the new Public Health Agency.

If policy development continues to be reliant on part-time or *ad hoc* health professional input, it is imperative that the time allocation is sufficient. The individuals involved in advisory processes often have conflicting professional commitments and insufficient time to allocate to these roles. It is also essential that in addition to being appropriately qualified, those involved should have the respect of their colleagues and mana in the community.

Lived experience expertise



The insights of people who use the health system is a form of expertise that it is too often overlooked. To develop effective policies and services for groups that are not currently well served by the health system, it is imperative to understand the realities of their day-to-day lives by talking directly to the people whose health needs are being considered.

In the course of their daily work, iwi, Māori and Pacific health providers and community-based researchers, non-government organisations, and advocacy organisations glean valuable insight into the lived experience of the different groups they represent or serve. As well as sharing this insight they can often act as a conduit to community members.

The lived experience of people with complex health problems is a crucial element to factor into the design and delivery of health research, policies and services. Health consumers and their advocates must be at the table and empowered to fully participate when evidence is gathered and shared, and new initiatives are planned.

Workshop reflections

In Aotearoa New Zealand, many promising health research findings are not implemented and some are never even considered for implementation. There is a sense that the health of our population is affected by our collective failure to learn and innovate. Some groups experience worse health outcomes than others, and some individuals receive sub-optimal care.

This has led to frustration amongst those working to improve health outcomes. Researchers and scientists don't always know who will consider the evidence that they produce or who can advise them about the standard of evidence required. Policy analysts can be overwhelmed by the volume of evidence to consider and the expertise required to assess it. Health providers, including clinicians, are often too busy to participate in research and not sufficiently well supported or incentivised to implement evidence-informed changes to service delivery. Communities are disillusioned when they participate in research and its outcomes are not implemented.

It was against this backdrop that researchers, policymakers, health professionals and community representatives came together in November 2021 to discuss how to address these issues. The result was the identification of six key elements that are needed to enable a truly sustainable and evidenced-based pathway from research to policy and through to practice.

Within the workshop, there were differing opinions about how to embed the essential elements of effective evidence translation pathways. Some voices advocated strongly for a new entity with responsibility for overseeing the translation of evidence into health policy and practice. Such an entity would have a role in collating and reviewing local and international research evidence, connecting people in different parts of the health system and ensuring that the voice of health consumers is empowered. It would also provide a "door for researchers to knock on" at different stages of the research process, e.g. to receive advice on the standard of evidence required or discuss how plans for future research fit with identified health priorities.

Others were uneasy about the idea of yet another potentially siloed agency and worried that a separate structure might merely be seen as a clearinghouse for information and "a place where nothing happens". They felt that the solution lies in strengthening advisory structures and connections between existing organisations.

All agreed that leadership and resourcing must be dedicated to the task of enabling and embedding research translation across the health sector, with accountability for achieving equitable health and wellbeing outcomes. Models from overseas may be considered but solutions should also be informed by our own past successes and failures in Aotearoa New Zealand.

While the best way to strengthen pathways for translating research findings into policy and practice was contested, there was agreement on the guiding principles and critical functional elements that should underpin these systemic processes, to embed and enable research translation. Through committing to this process, substantial health and equity gains will be made, especially for non-communicable diseases which continue to be the biggest cause of death and disability in Aotearoa New Zealand.

Acknowledgements

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This report attempts to synthesize the ideas discussed at the workshop but the views expressed do not necessarily reflect the views of the individuals and organisations who participated in the workshop or those who offered advice and support.



Healthier Lives–He Oranga Hauora

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Tō mātou kiteka kia noho a Aotearoa New Zealand hei whenua he ōrite kā putaka hua hauora mō te takata, kia iti iho hoki kā pīkauraka o kā māuiui kāore e taea te tuku ki te takata kē.

Our vision is of Aotearoa New Zealand with equitable health outcomes and a substantially reduced burden of non-communicable diseases.

Healthier Lives–He Oranga Hauora National Science Challenge is a national collaborative research programme in Aotearoa New Zealand, with a mission to investigate innovative approaches to the prevention and treatment of four major non-communicable diseases – cancer, cardiovascular disease, diabetes and obesity.

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